PTC/8B/06 (08-03)

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I TOTAL AFFEIGATION FEE DETERMINATION RECORD									Application or Docket Number				
Substitute for Form PTO-876										129/763824			
CLAIMS AS FILED PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY			
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA				1	SWALL	CIVILIA		
	SIC FEE CFR 1.16(a))				HOMBEREATIVA		RATE	FEE	ł	RATE	FEE		
TO	TAL CLAIMS CFR 1.16(c))					┨╴	<u> </u>	<u></u>	OR		<u> </u>		
INDEPENDENT CLAIMS		MS	minus 20 = •				X \$=		OR	X \$=			
(37 CFR 1.16(b))			minus 3 =		•		X \$=		OR	X \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))]	+\$=		OR	+ \$=				
* If the difference in column 1 is less than zero, enter *0" in column 2.						TOTAL		OR	TOTAL				
/ CLAIMS AS AMENDED - PART II													
0	421106	(Column 1)	•	(Column 2)	(Column 3)		01444		OR	OTHER	RTHAN		
A	1	CLAIMS REMAINING		HIGHEST	T]	SMALL E	NIIIY		SMALL	ENTITY		
片		AFTER AMENDMENT	1	PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
Ĭ	Total (37 CFR 1.16(o))	. 19	Minus	PAID FOR	-	1		FEE			FEE		
	Independent (37 CFR 1.16(b))	. 1	Minus	***	=	1	X \$=		OR	X \$=			
AMENDMENT						1	X \$=		OR	X \$=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))]	+\$=		OR	+ \$=				
	•						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)					•			
H.		CLAIMS REMAINING AFTER		HIGHEST NUMBER	PRESENT]	RATE	ADDI-	.	RATE	ADDI-		
Æ	Total	AMENDMENT	9.01	PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		10112	TIONAL FEE		
ğ	(37 CFR 1.16(c))	•	Minus		= ·		x \$=		OR	x \$=			
AMENDMENT	(37 CFR 1.16(b))		Minus	***			x \$=		OR	x \$_ =			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+; =	`	OR	+\$ =			
						•	TOTAL ADD'L FEE		OR	TOTAL			
		_(Column 1)		(Column 2)	(Column 3)				OK	ADD'L FEE			
C		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	lĺ		 -	ı	T			
N		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	l	RATE	ADDI- TIONAL	ı	RATE	ADDI- TIONAL		
DMI	Total (37 OFR 1.16(c))		Minus	44	=		X \$ =	FEE	}		FEE		
AMENDMEN	Independent (37 OFR 1,16(b))	•	Minus	***	=		X \$=		OR	X \$=			
¥	FIR8T PRESENT	ATION OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF	R 1.16(d))				OR	X \$=			
						L	TOTAL		OR	TOTAL =			
If the entry in column 1 is less than the entry in column 2 units to the entry in column 1.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
_	ollogion of info	TITIDEL PLEMORSIA L	aid For (Total or Independe	ent) is the highe	st n	imber found in ti	alehoorade en	boy in col	lumn 4	1		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION LE DETERMINATION RECORD 09/763824												
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY										THAN	
TOTAL CLAIMS								PATE	FEE	1	RATE	FEE
FC	OR .		NUMBER FILED		NUMBER EXTRA		e	ASIC FEE		OB	BASIC FEE	860
TC	TAL CHARGE	BLE CLAIMS	39 minus :70=			9		XS 9=		OR	XS18=	162
INDEPENDENT CLAIMS / minus 3 =							H	X40=	-		X80=	140
ML	MULTIPLE DEPENDENT CLAIM PRESENT								}	OR		
۱۱ -	* If the difference in column 1 is less than zero, enter "0" in column 2											
,,						ounn 2		TOTAL		OR	TOTAL	020
Column 1) (Column 2) (Column 3)							:	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	30	Minus	:	9	= 7		X\$ 9=		OR	X\$18=	35000
	Independent	· · · 2	Minus	•••	3		Г	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OD	+270=		
							L	TOTAL		OR	TOTAL	357)
		(Column 1)		(Colur	nn 2\	(Column 3)	AD	DIT. FEE		OR ,	ADDIT, FEE	X)(1)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	24.61 - S 26.11 - S	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	155
ME	Independent	٠	Minus	•••		=	H	X40=			X80≈	
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDEN			CLAIM		-	7.402		OR		
							L	+135=		OR	+270=	
							AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS	10.400000000000000000000000000000000000	(Colui		(Column 3)		•				
AMENDMENT C	Part of the second	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	Г	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		2	 	X40=			X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN.	CLAIM		-			OR		
• 1	If the entry in colum	ma 1 is last than "	ha aniny in octo	ma 9 weit	a Marian en	tumo 3	L	+135=		OR	+270=	
•••	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

1 Application or Docket Number